



Examination
4.10.03
#10/Am 05

THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:
Nykoluk et. al.

Appln. No. 09/990,076

Filed: November 21, 2001

For: PIVOTAL HANDLE FOR TOWABLE
BAGGAGE

Art Unit: 3727

Examiner: Tri M. Mai

Docket No.: 26/1145US(1)
(was 16513-8679)

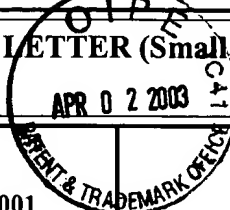

Assistant Commissioner for Patents
Washington, D.C. 20231

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TECHNOLOGY CENTER R3700

Amendment and Response

Sir:

In response to the Office Action dated October 2, 2002, Applicants respectfully traverse the rejections and submit the following remarks and amendments. These amendments and remarks are submitted in accordance with the revised format.

AMENDMENT TRANSMITTAL LETTER (Small Entity)				Docket No. 26/1145US(1)	
Applicant(s): Nykoluk et al.					
Serial No. 09/990,076	Filing Date November 21, 2001		Examiner Tri M. Mai	Group Art Unit 3727	
Invention: Pivotal Handle for Towable Baggage					
<u>TO THE ASSISTANT COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
<input checked="" type="checkbox"/> Small Entity status of this application has been established under 37 CFR 1.27 by a verified statement previously submitted.					
<input type="checkbox"/> A verified statement to establish Small Entity status under 37 FR 1.27 is enclosed.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	26 -	20 =	0 x	\$9.00	\$0.00
INDEP. CLAIMS	4 -	3 =	1 x	\$42.00	\$42.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$42.00
<input type="checkbox"/> No additional fee is required for amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> A check in the amount of \$42 to cover the filing fee is enclosed.					
<input type="checkbox"/> The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. _____ A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.					
<input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 _____ Signature			Dated: April 2, 2003		
I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.					
_____ Signature of Person Mailing Correspondence					
_____ Typed or Printed Name of Person Mailing Correspondence					

CC: